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| SUBSISTENCE ROLL ARMY RESERVE OFFICERS' TRAINING CORPS For use of this form, see AR 37-104-3: the proponent agency is USAFAC. | 1. NUMBER OF VOUCHERS ATTACHED | | 3. DISBURSING OFFICER VOUCHER NUMBER | |
| | 2. SERIAL NUMBERS OF ATTACHED VOUCHERS <i>(Inclusive numbers)</i> | | 6. PAID BY | |
| 4. ORGANIZATION AND ADDRESS <i>(Include ZIP Code)</i> | | 5. PAY PERIOD | | |

7. **STATEMENT OF PROFESSOR OF MILITARY SCIENCE**

I state that the attached account is true and correct, that from the records of my office the individuals listed thereon are entitled to payment for the allowance as checked below for the period indicated unless otherwise stated, and that payment is authorized.

☐ The subsistence allowance of \$100.00 authorized by Section 209a, Title 37, United States Code.
☐ The subsistence allowance of \$100.00 authorized by Section 209b, Title 37, United States Code.
☐ Books, supplies and equipment authorized by Section 2107, Title 10, United States Code.

Except as stated herein, each individual listed was last paid to _____, 19____ by Disbursing Station Symbol Number _____.

| | | |
|------|----------------------|-----------|
| DATE | TYPED NAME AND GRADE | SIGNATURE |
|------|----------------------|-----------|

8. **STATEMENT OF FINANCE AND ACCOUNTING OFFICER**

The financial data on the attached vouchers prepared under my supervision is correct in accordance with information shown on the attached roster and/or records of the Professor of Military Science at the above organization, as applicable.

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|------|----------------------|-----------|
| DATE | TYPED NAME AND GRADE | SIGNATURE |
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| 9. ACCOUNTING CLASSIFICATION | DISBURSED | | COLLECTED | |
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| TOTAL DISBURSED AND COLLECTED | | | | |
| NET AMOUNT PAID <i>(Check)</i> | | | | |
| TOTALS | | | | |